



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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August 6, 2009

Rex Redden, Administrator  
Idaho Falls Group Home #4 (Summit)  
P.O. Box 50457  
Idaho Falls, Idaho 83405

RE: Idaho Falls Group Home #4 (Summit), provider #13G071

Dear Mr. Redden:

This is to advise you of the findings of the Medicaid/Licensure Fire Life Safety Survey, which was concluded at Idaho Falls Group Home #4 (Summit), on August 3, 2009.

Enclosed is your copy of a Statement of Deficiencies/Plan of Correction, form CMS-2567, which states that no Medicaid deficiencies were noted at the time of the survey. Also, enclosed is a similar form stating that no State licensure deficiencies were noted at the time of the survey.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208)334-6626.

Sincerely,

ERIC MUNDELL  
Health Facility Surveyor  
Facility Fire Safety and Construction Program

EM/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/04/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 , 01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/03/2009</b>
NAME OF PROVIDER OR SUPPLIER <b>IDAHO FALLS GROUP HOME #4 (SUMMIT)</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 SUMMIT IDAHO FALLS, ID 83402</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	<p><b>INITIAL COMMENTS</b></p> <p>The facility is a single story, type V (III) building built in 1999. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on July 29, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability and 42 CFR 483.470 (j).</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

## Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>13G071</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 , 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/03/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>IDAHO FALLS GROUP HOME #4 (SUMMIT)</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3612 SUMMIT IDAHO FALLS, ID 83402</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	<p>16.03.11 Initial Comments</p> <p>The facility is a single story, type V (III) building built in 1999. The facility is protected by a 13 D automatic fire sprinkler system with quick response heads in habitable spaces. There is a complete fire alarm/smoke detection system installed. Currently the building is licensed for six (6) beds.</p> <p>The facility was found to be in substantial compliance with applicable fire/life safety requirements during the annual Fire/Life Safety survey conducted on July 29, 2009. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Chapter 33, Existing Residential Board &amp; Care Occupancies, Impractical Evacuation Capability and IDAPA 16.03.11 Rules Governing Intermediate Care Facilities for the Mentally Retarded.</p> <p>The Survey was conducted by:</p> <p>Eric Mundell REHS Health Facility Surveyor Facility Fire/Life Safety and Construction Program</p>	M 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE